



Outline for CBAS Transition Plan

BACKGROUND	
California's Statewide Transition Plan	CBAS Transition Plan
<p><u>1915(c) Waivers</u> The Federal government authorized the "Medicaid 1915(c) Home and Community-Based Services (HCBS) Waiver program" in 1981 under Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). It is codified in section 1915(c) of the Social Security Act. The original legislative intent of the HCBS Waiver program was to slow the growth of Medicaid (Medi-Cal in California) spending by providing services in less expensive settings. In order to contain costs, the federal legislation limited waiver services to individuals who would be institutionalized if the services were not provided. However, the costs of those waiver services cannot be higher than what they would cost in an institutional setting. The law permitted states to waive certain Medicaid program requirements and in doing so, deviate from Medicaid requirements, such as providing services only in certain geographic areas ("waive statewideness"). The HCBS Waiver program also allowed states flexibility to offer different types of services to individuals with chronic disabilities. Prior to this, with the origin of Medicaid in 1965, beneficiaries could only receive comprehensive long-term care in institutional settings.</p> <p>The initial waiver application is approved by the Centers for Medicare & Medicaid Services (CMS) for three years with additional renewal applications needing to be approved every five years. The waiver can be designed for a variety of targeted diagnosis-based groups including individuals who are elderly, and those who have physical, developmental, or mental health disabilities, or other chronic conditions such as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). The waiver can be</p>	<p>Section should include:</p> <ul style="list-style-type: none"> • Background on CBAS Waiver Amendment revisions to Special Terms and Conditions (STCs 95 and 96): <ul style="list-style-type: none"> ○ How CMS incorporated the HCB Settings requirements and CBAS stakeholder process into STCs 95 and 96 • Requirements that a transition plan for CBAS be integrated into California's Statewide Transition Plan and submitted to CMS by September 1, 2015



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designed to offer a variety of services including case management, personal attendant services, adult day health care services, habilitation services, day treatment services, psychosocial rehabilitation services, mental health services, and other services specifically requested by the state. 1915(c) HCBS waivers have subsequently become mechanisms for many states, including California, to provide Medicaid-funded community-based, long-term care services and supports to eligible beneficiaries.

1915(i) State Plan Programs

Starting January 1, 2007, the Deficit Reduction Act of 2005 (DRA) gave states a new option to provide HCBS through their State Plans. Once approved by CMS, State Plans do not need to be renewed nor are they subject to some of the same requirements of waivers. Under this option, states set their own eligibility or needs-based criteria for providing HCBS.

States are allowed to establish functional criteria in relation to certain services. The DRA provision eliminated the skilled need requirement and allowed states to cover Medicaid beneficiaries who have incomes no greater than 150 percent of the federal poverty level and who satisfy the needs-based criteria. The Patient Protection and Affordable Care Act of 2010 created several amendments including elimination of enrollment ceilings, a requirement that services must be provided statewide, and other enrollment changes.

New Home and Community Based Setting Requirements

In early January 2014, CMS announced it had finalized important rules that affect HCBS waiver programs and 1915(i) State Plan programs provided through Medicaid/Medi-Cal, and subsequently published the regulations in the Federal Register on January 16, 2014. The rules became effective 60 days from publication, or March 17,

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2014. These final regulations are CMS 2249-F and CMS 2296-F. Prior to the final rule, home and community based (HCB) setting requirements were based on location, geography, or physical characteristics. The final rules define HCB settings as more process and outcome-oriented, guided by the consumer's person-centered service plan by:

- Being integrated in and supporting full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- Giving individuals the right to select from among various setting options, including non-disability specific settings and an option for a private unit in a residential setting.
- Ensuring individuals' rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimizing autonomy and independence in making life choices, including daily activities, physical environment and with whom to interact.
- Facilitating choice regarding services and supports, and who provides them.

For Medicaid/Medi-Cal provider-owned or controlled HCB settings, the provider must offer:

- A legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent or occupy the residence and provides protection against eviction.
- Privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate units.
- Options for individuals to control their own schedules including access to food at any time.

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<ul style="list-style-type: none"> • Individuals the freedom to have visitors at any time. • A physically accessible setting. <p>Any modification(s) of the new requirements can only be made on an individual basis, supported by a specific and individually assessed need and justified in the person-centered service plan.</p> <p>Documentation of all of the following is required:</p> <ul style="list-style-type: none"> • Identification of a specific and individualized assessed need. • The positive interventions and supports used prior to any modification(s) to the person-centered plan. • Less intrusive methods of meeting the need that have been tried but did not work. • A clear description of the condition(s) that is directly proportionate to the specific assessed need. • Review of regulations and data to measure the ongoing effectiveness of the modification(s). • Established time limits for periodic reviews to determine if the modification(s) is still necessary or can be terminated. • Informed consent of the individual. • An assurance that interventions and supports will cause no harm to the individual. 	<p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>



HCBS Programs in California Affected by the Final Rules

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<p><u>Program Responsibilities</u> California's HCBS programs, which are the focus of this Statewide Transition Plan are either directly administered or overseen by the Department of Health Care Services (DHCS) as the single state agency for Medicaid/Medi-Cal. However, several of the HCBS waivers and the 1915(i) State Plan programs are administered jointly by DHCS and the State or local entity with program responsibility. Administrative teams comprised of employees from the State department/entity with program responsibility exist at DHCS, the California Department of Public Health (CDPH), the Department of Developmental Services (DDS), the California Department of Aging (CDA), and the San Francisco Department of Public Health (SFDPH). The SFDPH administers a HCBS Waiver program in accordance with terms of an Agreement with DHCS.</p> <p>Existing HCBS Waivers and the corresponding State department/entity with program responsibility are as follows:</p> <ol style="list-style-type: none"> 1. MSSP Waiver (0141), CDA, Long Term Care & Aging Services 2. HIV/AIDS Waiver (0183), CDPH, Office of AIDS 3. DD Waiver (0336), DDS, Community Services 4. ALW (0431), DHCS, Long-Term Care Division 5. NF/AH Waiver (0139), DHCS, Long-Term Care Division 6. IHO Waiver (0457), DHCS, Long-Term Care Division 7. SFCLSB Waiver (0855), SFDPH 8. PPC Waiver (0486), DHCS, Systems of Care Division <p>Existing 1915(i) SPAs 09-023A and 11-041 are administered by DDS.</p> <p><u>California's HCBS Waivers and 1915(i) State Plan Programs</u> California currently has two approved 1915(i) State Plan programs</p>	<p style="text-align: center; font-size: 48px; opacity: 0.5;">DRAFT</p>



that allow the State to access federal financial participation for services provided to individuals with developmental disabilities who do not meet the institutional level-of-care criteria required for participation in the DD Waiver, which is described in greater detail below.

(Refer to California's Statewide Transition Plan for description of waiver programs.)

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California's Statewide Transition Plan

This Statewide Transition Plan identifies the framework and strategy for achieving and maintaining compliance with the federal requirements for HCB settings in California. While intended to meet the 120-day submission requirements² and express California's commitment to these higher federal standards for community integration, it represents only the first step in what will become a very robust and involved process toward achieving full compliance. It is preliminary in nature because California has not yet had the full benefit of meaningful stakeholder involvement, guidance and insights from CMS on all aspects of the regulations, or the experience of other states.

California's HCBS waiver and 1915(i) State Plan programs differ significantly in the populations they serve, their size and complexities, and their statutory and regulatory structures, among other differences. The largest and most complex is the DD Waiver and the 1915(i) State Plan programs, where the programs serve approximately 130,000 consumers in the provision of a vast array of residential and nonresidential services that are separately licensed and/or regulated. Eligibility is invisible to these consumers, serving strictly as an identifier in the documentation and federal billing processes; however, participation in the DD Waiver is not required to access the State's full array of available developmental services. Providers are not separately identified for DD Waiver or 1915(i) State Plan program purposes; therefore, all providers potentially utilized for HCBS must be in compliance with the HCB setting requirements. For the DD Waiver, the entire system, serving over 270,000 consumers, is potentially affected by the new requirements. In contrast, the SFCLSB Waiver, with 17 beneficiaries, represents the smallest 1915(c) waiver in California. Eligibility is open only to San

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CMS will review Plan for the following:

- Description of CBAS HCB Settings Stakeholder process to develop the Plan, including meetings held pre-plan development, what we covered during the meetings (e.g. group review of CMS 30 Question), public comment opportunities, comments received and State response to comments and rationale

Section should include:

- Overview of CBAS
 - Brief history – ADHC beginning, milestone years, ADHC elimination to present
 - Model – services provided, eligibility criteria
 - Populations served
 - Current data
 - CBAS in Managed Care

Key Questions:

1. **How is the ADHC/CBAS setting like other HCB settings and how is it unique?**
 - Program to be provided in a licensed health facility – has its own set of rules and challenges
 - Other states – CBAS created with intent to keep people out of nursing facilities, strong purpose of community integration
 - Evolved with local feel to CBAS centers, meeting local need
 - Provides services similar to NF, minus bed to sleep
 - Support people in community



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<p>Francisco residents who meet level of care eligibility and require at least one of six available services.</p> <p>This Statewide Transition Plan identifies at a high level the commitments and requirements that each of the eight HCBS waivers and 1915(i) State Plan programs will meet. The specific approach and details of each program's transition process will reflect the input and guidance of the particular program's stakeholders, and the unique structure and organization of the program itself. The complexity of each task will vary significantly across programs.</p> <p>Resources to address and implement the many changes necessary to be in compliance with the regulations are and will continue to be limited. When resources are needed, they must be raised and vetted through the annual legislative budget process, which only allows for new resources prospectively, typically in the upcoming state budget year. Therefore, careful thought and analysis must go into every aspect of implementation in an effort to achieve compliance as cost effectively as possible. Since program systems and processes have long been established in California, standard processes will be considered for modification to bring about and ensure ongoing compliance, such as revising existing monitoring and oversight protocols to incorporate the regulatory requirements, utilizing available data, such as the National Core Indicator (NCI) and expanding existing complaint and appeal processes to allow for consumer and/or provider due process when disputes arise.</p> <p>To achieve compliance, California will strongly emphasize inclusive stakeholder processes that analyze and guide every aspect of implementation. Essential involvement will come from consumers in</p>	<ul style="list-style-type: none"> • One-stop shop services • Managed care benefit – CA in minority with fully integration into managed care. Brings another set of rules for program to comply with • CA among minority of states where full IDT working to provide multiple services, including therapy, not required in other states • List array of services in introduction • Choice – of centers, staff at centers, where they want to go and who will care for them • Not just a 5 day program. Can be tailored to meet individual needs for independence • Different life stages addressed <p>2. How well does the ADHC/CBAS model meet HCB Settings requirements and/or the spirit or intent of the requirements (reference CMS 30 Questions Work Tool)?</p> <ul style="list-style-type: none"> • Regulatory structure supportive but won't know how implementation at centers working/meet requirements until we review centers • Maybe stronger on spirit and intent – keeping people out of institutional care, choice • Rules confusing to some extent for CBAS given that participants live at home, already getting so much of the person-centered care • Specialized programs – individuals not a good match – may not be meeting spirit if center can't meet their needs • Model meets when provided as intended in PCP manner



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an originating role. Their input concerning how they experience community inclusion and freedom of choice will be critical for system changes and implementation strategies. Also essential is provider input. Providers are the backbone of the system, so that services and choices are available to consumers. How the regulations are implemented may affect the viability of providers as sustainable businesses. Stakeholder processes will also include entities and experts who are impacted by or are knowledgeable about the various topics, including, in particular, the California Department of Social Services as the licensing agency for many of the HCB settings.

The stakeholder processes are presently being defined with stakeholder input and will evolve over time as implementation phases progress, as described below. With the benefit of stakeholder input, specificity will be added and/or modifications will be made to the various components identified in this Statewide Transition Plan.

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- IPC designed to meet needs of participants attending
- Some may be challenge for day to day implementation
- Promotes independence and life in the community
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- 3. How might ADHC/CBAS centers improve compliance with HCB Settings requirements and advance the spirit of the Rule? For example, better supporting:
 - a. Access/integration into the community
 - b. Informed choice of services and setting
 - c. Rights of privacy, dignity, respect, freedom from coercion and restraint
 - d. Autonomy and independence in daily activities and physical environment
- 1915c waivers work differently
- Voluntary program, participants choose, sign agreement for participation
- Managed care environment – plans have care coordinators and teams that discuss choices in community and offer members choice of services in community
- As we review program rules how might we offer more flexibility – regulations that restrict independence and integration and autonomy
- Regulations designed for the purpose in bullet above – to ensure dignity and independence
- Definite regulation about flexibility – has eroded over the years, need to get back to flexibility concept for delivering better care with independence, integration and autonomy.



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	<p>4. What can be done to facilitate improvement identified under #3 above?</p> <ul style="list-style-type: none"> • Training • Different kind of communication with providers and participants • Motivational interviewing • Training for families, participants, caregivers, how to collaborate with providers • Training for managed care plans – how to understand model and how it can contribute to MCP efforts – linkages to other resources that need to understand CBAS role • CBAS being more integrated into MCP teams • Health home model – PAM tool - patient activation measure. Some plans use it. Tool costs money because it's a licensed product. Great tool. Good to spread the use

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1. Education and Outreach

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<p>As an important early step, <u>information and education on the requirements of the HCB setting requirements</u> and the regulations generally will be provided to State departments/entity, consumers and families, regional centers, providers, advocacy groups and other interested stakeholders throughout the State <u>by June 30, 2015.</u></p> <p>Additionally, beneficiaries will be informed of the ongoing methods for providing input, being involved and staying informed as implementation progresses.</p> <p><u>Ongoing communication methods will be developed with stakeholder input.</u></p>	<p>CMS will review Plan for the following:</p> <ul style="list-style-type: none"> • Evidence that the Plan was made available for public comment • Public noticing requirements were met • Public comment period requirements were met • Public comments were allowed by multiple means – electronic, hard copy, and verbal <p>Section should include:</p> <ul style="list-style-type: none"> • Description of stakeholder meetings, website postings of key documents, CBAS participant/provider flyer and fact sheets designed to engage participants and caregivers, outreach methods and materials, provider self-assessment tool, beneficiary assessment tool, how assessment tools serve as education about HCB rules and CBAS as well as fold into compliance determination and ongoing monitoring), training provided and/or planned, best practice promotion, education and outreach activities that will be ongoing after 9/1 <p>Key Questions:</p> <ol style="list-style-type: none"> 1. What more can be done to engage participants and caregivers in development of and comments on the CBAS HCB Settings Transition Plan? <ul style="list-style-type: none"> • Center-level – have meetings and inform participants – need high touch communication, home visits, caregiver access • Stakeholder meeting hosted at center – invite staff,



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1. Education and Outreach

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<p style="text-align: center; font-size: 48px; opacity: 0.3; font-weight: normal;">DRAFT</p>	<p>participants, families in for meeting</p> <ul style="list-style-type: none"> • Evening webinars for families – 30 minutes • Staff feedback process – meetings with staff at different centers • Develop set of questions for centers to share with participants that centers can share with state – questions about autonomy, choice, - all centers have same questions – in advance of beneficiary self-assessments • Caregivers may respond more to questionnaire sent than a letter • Short YouTube video • Involve staff with their ideas and input • Small groups of participants at centers may enjoy questions • Webinars not effective with non-English speakers • Ensure materials in appropriate languages • How do we get more information out to other service providers and community resources – providers in MCP network • Consumer campaign in relation to choices of other providers • Take positive focus, ask for best practice stories of how services provided today • <p>2. What additional resources and/or training are needed to assist participants and caregivers, providers, and</p>



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1. Education and Outreach

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<p style="text-align: center; font-size: 48px; opacity: 0.3; font-weight: normal;">DRAFT</p>	<p style="color: red;">managed care plans to understand HCB Settings requirements?</p> <ul style="list-style-type: none"> • Managed care plans may have more role here in using their resources for this effort. What are they doing to educate their staff? What are they doing to educate their provider network • Advisory groups at the health plan level – how are plans operationalizing? • Need money for staff to implement ideas • Meet with plans and advocate for educating network providers • Educate MCPs and community providers about CBAS benefit • Regular in-services of departments • Manage Care Plan partnering with centers <p style="color: red;">3. What partnering opportunities might exist for developing resources and/or training?</p> <ul style="list-style-type: none"> • MCPs partnering with centers • CAADS conferences – MCPs attending and going to workshops. Opportunity for joint workshops where plans and providers have common interest • CA Association for Health Plans annual conference – a track around HCB Services, person-centered planning • Information and assistance lines – what method can be



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1. Education and Outreach

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	<p>used by AAA's to help individuals to access programs and services that promote independence? Important information that needs to get to people on the front line</p> <ul style="list-style-type: none"> • Reviewers spending time in centers before initiating reviews – learn the model before reviewing

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2. Assessment of Statutes, Regulations, Policies and Other Requirements

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The statutes, regulations, policies and other requirements for residential and nonresidential HCB settings will be reviewed and analyzed jointly by DHCS and the State departments/entity responsible for operating each HCBS Waiver or 1915(i) State Plan programs to determine the extent to which the State's written program requirements comply with federal regulations.

Stakeholders will be encouraged to participate in and provide input to the assessment process. The assessment process will be completed by August 31, 2015, although modifications may be needed as implementation progresses.

Results of this assessment will be available to the public and will be used to determine and develop the remedial strategies that will be necessary to ensure that HCB settings conform to the federal requirements, including the estimated timelines.

The justification to exceed the six-month timeline for this assessment process is based on the size and complexity of the service delivery systems in California, the number of HCB settings, the substance and nature of the federal regulatory changes, the critical need for stakeholder involvement, and the understanding that further CMS guidance will be provided in the future.

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CMS will review Plan for the following:

- Description of systemic review process for assessing ADHC/CBAS laws, regulations, and policies against standards for HCB Settings. NOTE: Assessment can take place within six months of Plan submission September 1, 2015.
 - Standards include that the setting:
 - Is integrated and supports access to the greater community
 - Is selected by the individual from among options including non-disability specific settings
 - Ensures individual rights of privacy, dignity, respect, and freedom from coercion and restraint
 - Optimizes individual initiative, autonomy, and independence in making life choices
 - Facilitates individual choice regarding services and supports and who provides them
 - Provides opportunities for individuals to control their own schedules, including access to food and visitors at any time
 - Is physically accessible
- Description of results of the assessment (if completed in whole or part at time of Plan submission) and notation of any HCB standard for which ADHC/CBAS laws,



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2. Assessment of Statutes, Regulations, Policies and Other Requirements

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regulations or policies are out of compliance and/or silent and remediation plan.

- If assessment not completed or completed in part, timeline for completion

Section should include:

- Description of extent to which statutes, regulations, policies, other requirements ensure CBAS complies with HCB Settings Rule.
 - Include requirements met, partially met, not met due to conflict, not met due to silence
- Plan for assessment of ADHC/CBAS laws, regulations, and policies and any future statutory and/or regulatory reform to address needed changes.

Key Questions:

1. What changes to ADHC/CBAS laws, regulations, and policies do we know of at this point that may be needed to comply with HCB standards or better support them?
 - PCP defined, including participant as member of IDT
 - Recombining licensing and certification in one house with ability to do flexibility to comply with HCB requirements
 - 1115 list of policy changes
 - 1115 STC 98 – review for items to be elaborated on



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2. Assessment of Statutes, Regulations, Policies and Other Requirements

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2. How should stakeholders be involved in the process of assessing ADHC/CBAS laws, regulations, and policies for needed changes?

- Lydia will donate 3 file drawers of stakeholder input on subject
- Catalog past input
- Many masters of ADHC/CBAS – lots of additional rules and regulations – Veterans Administration, California Highway Patrol, local building departments, fire marshal – federal, state, local – competing rules that overlap

3. What areas for policy change or clarification might be addressed through Provider Bulletin?

- Four hour requirement is very institutional – need to look at this one
- F2F process by MCP – response to Question 1

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2. Assessment of Statutes, Regulations, Policies and Other Requirements

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3. Compliance Determination Process for HCB Settings

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<p>The State departments/entity will be responsible for ensuring appropriate provision of HCBS by all providers that serve, or may serve Medi-Cal beneficiaries. Following is an initial listing of HCB settings that will be <u>assessed for inclusion in and compliance with the federal requirements</u>:</p>	<p>CMS will review Plan for the following:</p> <ul style="list-style-type: none"> • Description of current level of CBAS compliance with HCB settings requirements • Whether onsite assessments of individual CBAS centers have been or will be performed • Whether the State will use standard licensing/certification processes to conduct center onsite assessments, and if so, identification of the entity that will conduct them • Whether the State conducted or will conduct participant/caregiver assessments and/or provider self-assessments, the results of those assessments, and a timeline if they will be completed at a future date • Description of process used or to be used to develop a participant/caregiver assessment, provider self-assessment, and/or state assessment tool, including whether the tool development included stakeholder participation • Description of a validation process for provider self-assessments • Remediation plan for CBAS centers determined not to be in full compliance <p>Section should include:</p> <ul style="list-style-type: none"> • Description of ADHC/CBAS oversight and monitoring per laws, regulation and policy • Requirement that all centers reapply and undergo an onsite survey every two years • Number of centers statewide and fact that half of all



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3. Compliance Determination Process for HCB Settings

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<p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>	<p>centers receive an onsite survey each year</p> <p>Key Questions:</p> <ol style="list-style-type: none"> 1. Should CBAS provider self-assessments be completed by all centers? If yes, should they be completed all at once, at the time of certification renewal, both? <ul style="list-style-type: none"> • Hard to answer in absence of tool. No good to do self-assessment if tool for evaluating isn't specific to CBAS • Want a tool that that can be used for internal quality review 2. How should stakeholders be engaged in the development and implementation of assessment tools for participants, providers, and the state? <ul style="list-style-type: none"> • Advocacy organizations will be involved in participant level tool. • Tricky with timelines. Beneficiary tool may inform how the provider tool should look • Release template for comments before finalizing • Test tools first. Don't want tool to take too much time and people understand what is being asked • How will results be aggregated • Online? • Resources needed? 3. How should the following be considered and addressed



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3. Compliance Determination Process for HCB Settings

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<p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>	<p>in the Plan with regards to compliance:</p> <ul style="list-style-type: none"> • CBAS centers that serve disability-specific or disease-specific populations? • CBAS centers that serve predominantly or exclusively one ethnic group? • CBAS centers that use delayed egress devices or otherwise have secured perimeters? <ul style="list-style-type: none"> • Individuals choose settings that may meet their preferences. Setting meeting intent of Rule • Too prescriptive about Rule, you eliminate choice for certain populations • At core is the person and not an arbitrary requirement • Hierarchy of requirements – choice trumps others? • Loops back to varying access across state • High level of acuity and need • Move away from institutional settings is intent. • Dementia specific programs foster more choice and independence – specialized program, trained staff, can work with individuals longer and with more quality – in this sense actually facilitates more choice and independence • CBAS “tip of iceberg” of individual’s day. Facilitates what happens for rest of the day for that individual. Supports further integration rest of day and week • Access – rural areas may have little choice – choice may be to attend or not



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3. Compliance Determination Process for HCB Settings

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<p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>	<ul style="list-style-type: none"> • When does participant safety over-ride choice? • Where does negotiated risk fall? • Admission and discharge criteria – need to address behaviors that affect others in program. • Balancing individual choice with good of group • Rules don't take all these nuances into consideration – list them here <p style="color: red;">NOTE: HCB Settings rules specify that settings must ensure that individuals choose settings and services, that the settings are integrated in and support full access to the greater community, and that individual rights of privacy, dignity, respect, and freedom from coercion and restraint are respected.</p>
<p>The compliance determination process includes all of the following:</p> <ul style="list-style-type: none"> • On-site evaluations of individual settings will be conducted for the following purposes: <ul style="list-style-type: none"> o On-site evaluations will be conducted at settings that, 	



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3. Compliance Determination Process for HCB Settings

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<p>pursuant to CMS regulations, are presumed not to be HCB settings and for which evidence will be provided to CMS for application of the heightened scrutiny process. Such settings will be identified with stakeholder input throughout the implementation process.</p> <p>o For all other settings, a sample of on-site evaluations will be conducted. The sample results will be used to inform the stakeholder process as changes are made to the system to ensure monitoring and ongoing compliance through standard processes. The results will also be used to bring HCB settings into compliance.</p> <ul style="list-style-type: none"> • DHCS is developing an assessment template for use in the on-site evaluations of HCB settings. The assessment template will include each new federal requirement that will be used to determine if the HCB setting meets or does not meet the required federal rule. The assessment template will be finalized with stakeholder input and circulated for stakeholder comments no later than February 1, 2015. The assessment template may be modified to address specific provider types and will become the assessment tool(s) utilized by the appropriate State departments/entity administering the program. The final assessment tool(s) will be maintained in the appropriate State department/entity file for each HCBS waiver or 1915(i) State Plan program. • <u>The assessment tool will be forwarded to each HCB setting</u> 	<p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>



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3. Compliance Determination Process for HCB Settings

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<p><u>selected for evaluation with instructions to complete a self-survey prior to the on-site evaluation</u> completed by a survey team, as described below. The completed survey will be forwarded back to the HCBS Waiver program for review.</p> <ul style="list-style-type: none"> • In addition to the assessment tool to be used for provider surveys, DHCS is developing a <u>beneficiary-specific survey tool</u>, which will be distributed to beneficiaries during the summer of 2015. <u>DHCS will seek stakeholder input on this beneficiary self-survey tool in the spring of 2015.</u> • Using the completed self-surveys, a sample of the HCB settings will be selected for on-site evaluation. The on-site evaluations will be conducted by a survey team that includes representation from at least two of the following: <p>State personnel, service recipients or their family members, case managers or other representatives of case management entities, licensing entities, representatives of consumer advocacy organizations, and/or other stakeholders. The State will provide training for all beneficiaries of the survey teams.</p> <p>Finalization of the on-site evaluation process will not occur without stakeholder input. The responsibility for ensuring completion of these on-site evaluations rests with the State department/entity responsible for the program as specified under “HCBS Programs in California Affected by the Final Rules” section of this document.</p> 	<p style="text-align: center; font-size: 48px; opacity: 0.3;">DRAFT</p>



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3. Compliance Determination Process for HCB Settings

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As onsite assessments are completed for a sample of settings by provider type category, if a pattern of non-compliance is identified this may trigger a full review of the provider type category. The on-site evaluations will be ongoing until remedial strategies are identified that will incorporate ongoing monitoring protocols into existing processes.

- The written results of each on-site evaluation will be forwarded back to the HCB setting with specific information regarding improvements that will be required to come into compliance with the federal requirements and a timeline for completion. Follow up to the compliance issues will be the responsibility of the administering State department/entity. Completed evaluations, including documentation of any required follow-up actions as a result of the on-site evaluations, will be maintained in the appropriate State file for each HCBS Waiver or 1915(i) State Plan program.

- The evaluation results will be used to inform the stakeholder process as strategies are developed and changes are made to ensure monitoring and ongoing compliance with the federal regulations.

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4. Person-Centered Planning

Statewide Transition Plan

Even though implementation of the new federal regulations affecting the person-centered planning process is not technically part of this Statewide Transition Plan, person-centered planning is inextricably linked to the HCB setting requirements. The State department/ entity responsible for program administration will use a stakeholder process to evaluate the role of person-centered planning as it relates to determining compliance with the federal regulations, assessing consumer satisfaction with the setting options, and other possible community integration issues. Strategies may be developed to utilize information from the person-centered planning process to improve service delivery under the federal regulations.

CBAS Transition Plan

CMS will review Plan for the following:

- Focus on the State’s compliance with HCB settings requirements and NOT on “substantial extraneous information such as how it is complying with the person-centered planning process and person-centered service plan requirements”

Section should include:

- Brief overview of how CBAS Waiver STC 96 has been and will be addressed
- Plans for revision of the Individual Plan of Care (IPC) to support person-centered planning

Key Questions:

1. Given CMS direction to keep person-centered planning details brief and their detailed request under STC 96 to address person-centered planning:
 - a. What are the important points and milestones to share in this section of the Plan?
 - b. Where should efforts to improve person-centered planning and service delivery in CBAS and to address CMS questions in STC 96 that are not identified in this Plan be memorialized?
- How rules are met at this point – given CMS expectation that Rule is has already been implemented and no



PHASES OF IMPLEMENTATION

4. Person-Centered Planning

Statewide Transition Plan	CBAS Transition Plan
	<p>transition is expected</p> <ul style="list-style-type: none"> • Answer the four questions in STC 96 – briefly without the detail • Under b above – coordination work with MCPs, embedding PCP into efforts, new skills to accomplish beyond philosophy • Need to demonstrate that current care plans based entirely on the person • Identify IPC work group – include charter in this section? • Clear definition of PCP lacking – keep discussion general

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PHASES OF IMPLEMENTATION

5. Appeal Process

Statewide Transition Plan

With stakeholder input, appeal and complaint processes will be developed or identified which allow the HCB setting and/or the consumer(s) to raise or dispute compliance-related issues. The appeal and complaint processes will be documented and circulated for stakeholder comment no later than April 1, 2015.

CBAS Transition Plan

CMS will review Plan for the following:
Note: nothing explicitly stated in the HCBS Basic Element Review Tool for Appeal Process

Section should include:

- Description of existing grievance and appeal rights/processes defined for CBAS participants:
 - CBAS Waiver STCs
 - CBAS Regulations
- Description of existing processes for CBAS providers to appeal deficiency citations
- Additional process to be developed for providers and participants to raise or dispute compliance-related issues at CBAS centers

Key Questions:

1. What would stakeholders like to see developed to enhance existing grievance and appeal processes or to specifically address HCB Settings compliance issues?
- Clarification around existing process needed
 - Robust processes in place already
 - Multiple avenues for appeal
 - If center is found out of compliance, what happens then?



PHASES OF IMPLEMENTATION

5. Appeal Process

Statewide Transition Plan	CBAS Transition Plan

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PHASES OF IMPLEMENTATION

6. Compliance Monitoring

Statewide Transition Plan

Each HCBS Waiver and 1915(i) State Plan program, in consultation with stakeholders, will use the self-assessments, on-site evaluations and/or other data collection methods, to be determined, to develop remedial strategies and monitor progress toward compliance with the federal regulations.

All State-level and individual-setting level remedial actions will be completed by no later than March 17, 2019. Plan Updates and CMS Reporting Progress on this Statewide Transition Plan will be continuously monitored and reported to CMS by October 1 of each year during the implementation period. The process will include prior public posting of the report for 30 days, with opportunity for public comment.

CBAS Transition Plan

CMS will review Plan for the following:

- A description of the State's process for oversight and monitoring for ensuring continuous compliance of CBAS centers with HCB settings requirements

Section should include:

- Some repeat of Section 3 above, with focus on ongoing efforts
 - Description of ADHC/CBAS oversight and monitoring per laws, regulation and policy
 - Requirement that all centers reapply and undergo an onsite survey every two years
 - Number of centers statewide and fact that half of all centers receive an onsite survey each year
 - Description of what certification renewal entails and what new components will be added for HCB settings review
 - Description of monitoring tools
- Description of actions state will take to assure full and on-going compliance, with specific time frames and identified actions.
- Description of actions CDA takes when providers are out of compliance – opportunity to remediate through corrective action plan

Key Questions:

1. How do current State monitoring processes support



PHASES OF IMPLEMENTATION

6. Compliance Monitoring

Statewide Transition Plan

CBAS Transition Plan

ongoing review of HCB Settings compliance?

2. What areas and tools should be strengthened?

- Beta test processes in thoughtful way
- Look at programs that provide disease-specific populations, urban programs, mixed populations – identify issues within those different sites
- Coordinate with DHCS so assessments aren't duplicated

3. What can be done to ensure that participant and provider self-assessments add value to existing monitoring processes?

4. How can stakeholders participate in modifying State monitoring processes and tools?

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TIMELINE	
Statewide Transition Plan	CBAS Transition Plan

CBAS Timeline

Work Products/Tools	Due Dates/Timeframe